|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Application No.                                                                                                                                                                                                 | Applicant(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
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| Notice of Allowability                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 09/972,582                                                                                                                                                                                                      | CHAKRAVARTY ET AL.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Examiner                                                                                                                                                                                                        | Art Unit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Hong Liu                                                                                                                                                                                                        | 1624                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| The MAILING DATE of this communication app<br>All claims being allowable, PROSECUTION ON THE MERITS IS<br>herewith (or previously mailed), a Notice of Allowance (PTOL-85)<br>NOTICE OF ALLOWABILITY IS NOT A GRANT OF PATENT R<br>of the Office or upon petition by the applicant. See 37 CFR 1.313                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (OR REMAINS) CLOSED in or other appropriate communication is                                                                                                                                                    | n this application. If not included unication will be mailed in due course. <b>THIS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 1. $\boxtimes$ This communication is responsive to <u>the amendment filed</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | on May 10, 2004.                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 2. The allowed claim(s) is/are <u>1,8-10,13,16,17,24 and 34</u> .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 3. $\boxtimes$ The drawings filed on <u>19 February 2002</u> are accepted by t                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | he Examiner.                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 4. ☐ Acknowledgment is made of a claim for foreign priority una) ☐ All b) ☐ Some* c) ☐ None of the:  1. ☐ Certified copies of the priority documents have 2. ☐ Certified copies of the priority documents have 3. ☐ Copies of the certified copies of the priority do International Bureau (PCT Rule 17.2(a)).  * Certified copies not received:  Applicant has THREE MONTHS FROM THE "MAILING DATE" noted below. Failure to timely comply will result in ABANDONN THIS THREE-MONTH PERIOD IS NOT EXTENDABLE.  5. ☐ A SUBSTITUTE OATH OR DECLARATION must be subminsformal PATENT APPLICATION (PTO-152) which give 6. ☐ CORRECTED DRAWINGS (as "replacement sheets") must be comply including changes required by the Notice of Draftspers 1) ☐ hereto or 2) ☐ to Paper No./Mail Date  (b) ☐ including changes required by the attached Examiner' Paper No./Mail Date | e been received. e been received in Application of this communication to file MENT of this application.  Initted. Note the attached EX es reason(s) why the oath cost be submitted.  Son's Patent Drawing Revie | on No  In this national stage application from the sea reply complying with the requirements a reply complying with the requirements and the sea of the sea |
| Identifying indicia such as the application number (see 37 CFR 1 each sheet. Replacement sheet(s) should be labeled as such in t                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 7. DEPOSIT OF and/or INFORMATION about the depo<br>attached Examiner's comment regarding REQUIREMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Attachment(s)  1. Notice of References Cited (PTO-892)  2. Notice of Draftperson's Patent Drawing Review (PTO-948)  3. Information Disclosure Statements (PTO-1449 or PTO/SB/O Paper No./Mail Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 6. ☐ Interview S<br>Paper No.                                                                                                                                                                                   | nformal Patent Application (PTO-152) nummary (PTO-413), /Mail Date Amendment/Comment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 4. Examiner's Comment Regarding Requirement for Deposit of Biological Material  Output  Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 8. ☐ Examiner's<br>9. ☐ Other                                                                                                                                                                                   | Statement of Reasons for Allowance  RICHARD L. RAYMOND PRIMARY EXAMINER ART UNIT 1624                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |